



CITY OF OXFORD
EDUCATION COMMITTEE

REPORT
of the
PRINCIPAL
SCHOOL MEDICAL OFFICER
for the
YEAR 1953



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MEMBERS OF THE EDUCATION COMMITTEE AND THE SPECIAL SERVICES SUB-COMMITTEE, 1953-54

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 * „ LOWER (Vice-Chairman)
 *Alderman Mrs. PRICHARD, O.B.E., M.A., J.P. (Chairman of the Special Services Sub-Committee).
 Councillor BEESLEY
 „ COLLAR
 „ DENT
 * „ FRANKS
 * „ Ms. O. GIBBS
 * „ GREEN (Vice-Chairman of the Special Services Sub-Committee)
 * „ HARRISON
 „ HAYDOCK
 „ KEITH-LUCAS
 * „ KYNNEERSLEY
 „ Mrs. LOWER
 „ PARKER
 * „ Mrs. SOMERVILLE
 „ WHEARE, M.A.
 „ WINDOWS
 The Rt. Rev. The LORD BISHOP OF DORCHESTER
 Rev. W. W. BOTTOMS, M.A.
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 R. BROUGH
 C. E. HART
 F. W. JESSUP
 C. S. W. KING
 F. C. LAY, M.A.
 *Mrs. S. V. LIVINGSTONE
 H. LOUKES, M.A.
 Dr. A. S. RUSSELL
 *Miss C. V. BUTLER (Co-opted Member of Special Services Sub-Committee)
 *Miss R. M. HAIG-BROWN „ „ „ „ „
 *Miss R. SPOONER „ „ „ „ „
 *Members of the Special Services Sub-Committee.

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer:

J. F. WARIN, M.D., D.P.H.

Deputy Principal School Medical Officer:

J. B. M. DAVIES, M.D., D.P.H. (resigned 30.4.53)

J. F. SKONE, M.D., D.P.H., D.C.H., D.I.H. (commenced 1.5.53)

School Medical Officers:

BERYL G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G.

ANNE D. SURTEES, M.B., Ch.B., D.C.H. (resigned 31.7.53)

ELIZABETH J. COULTER, M.B., Ch.B.

J. F. SKONE, M.D., D.P.H., D.C.H., D.I.H. (to 30.4.53)

G. M. O'DONNELL, B.A., M.B., B.Ch., B.A.O., D.P.H. (commenced 16.6.53)

G. F. WILLSON, M.D., M.R.C.S., L.R.C.P., D.P.H. (commenced 6.7.53)

Principal School Dental Officer:

C. H. I. MILLAR, B.Sc., L.D.S.

School Dental Officers:

Miss E. M. L. MUIR, L.D.S. (commenced 7.1.53)

Mrs. H. PIGOTT, L.D.S. (part-time) (resigned 31.3.53)

Mrs. C. ROBERTSON, L.D.S. (part-time) (resigned 31.12.53)

S. S. PHILLIPS, B.D.S. (part-time) (resigned 14.5.53)

Mrs. I. B. MANN, L.D.S. (part-time) (commenced 27.4.53)

Senior School Nurse:

Miss D. BROWN (a) (b) (c) (d)

School Nurses:

Miss W. PRATT (a) (b) (c) (d) (deceased 4.5.53)	Miss K. BAYLIS (a) (b) (c)
Miss G. DAVIES (a) (b) (c)	Miss L. LAWRENCE (a) (b) (c)
Miss J. BARNETT (a) (b) (c)	Miss D. BREE (a) (b) (c)
Miss E. GILBERTSON (a) (b) (c) (resigned 18.4.53)	Miss D. PYLE (a) (c)
Miss M. SALMON (a) (b) (c)	Miss K. MAJOR (a) (b) (c) (commenced 27.4.53)
Miss E. JOHN (a) (b) (c) (resigned 19.8.53)	Miss K. HAYES (a) (b) (c) (commenced 27.4.53)
Miss K. GREGORY (a) (b) (c)	Miss J. JACKSON (a) (b) (c) (commenced 27.4.53)
Miss H. SPICKERNELL (a) (b) (c)	Mrs. K. GILBY (a) (b) (c) (commenced 7.9.53)
Miss J. PINDER (a) (b) (c) (resigned 12.9.53)	

- (a) State Certified Midwife
- (b) State Registered Nurse
- (c) Health Visitor's Certificate, Royal Sanitary Institute
- (d) State Registered Fever Nurse

Remedial Gymnasts:

Miss S. BRINDLE, M.C.S.P. (resigned 31.8.53)
Miss M. FLINT
Miss C. COWELL (commenced 28.9.53)

Dental Attendants:

Miss B. ROLFE
Miss D. COLE
Miss B. CLUTTERBUCK (commenced 14.1.53)

Nursing Attendants:

Mrs. F. JACOBS
Mrs. D. BELCHER

Senior Clerk:

Miss W. HUNT

Clerks:

Miss B. GRANT
Miss M. BOLT
Miss I. HEATH

SCHOOL CLINICS*Minor Ailment Clinics:*

East Oxford, Cowley Road	Monday and Wednesdays, 9 a.m.
Headington, Margaret Road.	Mondays and Thursdays, 9 a.m.
Donnington, Henley Avenue.	Tuesdays and Fridays, 8 a.m.
60 St. Aldate's.	Tuesdays and Fridays, 9 a.m.
Barton, Barton Primary School.	Mondays, 10.30 a.m.

Dental Clinics:

60 St. Aldate's.	By appointment only.
Bury Knowle, Headington.	„ „ „
Donnington, Henley Avenue.	„ „ „
East Oxford, Cowley Road.	„ „ „
North Oxford, Summertown Clinic.	„ „ „

Remedial Exercise Clinics:

Every weekday (by appointment).

Child Guidance Clinic:

Northern House, South Parade. By appointment only.

Speech Therapy Clinics:

60 St. Aldate's.	Thursdays 2 p.m. (by appointment).
East Oxford, Cowley Road.	Fridays 9.30 a.m. „
Headington, Margaret Road.	Mondays, 2 p.m. „

THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

The general health of school children in the City is good and continues to improve. At every routine medical examination, each child has a general health assessment and is placed in one of three categories, namely "good", "fair" and "poor". Out of 4,265 children examined this year, only 7 were assessed as having poor general condition and a higher percentage of children were placed in the "good" category at the expense of the "fair" group. Six years ago, roughly half the children were assessed as good and half as fair, whereas in 1953, four-fifths were assessed as good and one-fifth as fair.

There has been a sharp fall in the percentage of primary and secondary children having school dinners. This may have been due to the easing of the rationing situation and to increased charges.

A further 13 schools reported on as unsatisfactory during the survey of 1950 have again had a full hygiene inspection. Although some improvements were noted, progress generally had been very slow and half of the schools surveyed were just as bad, if not worse, than three years ago. In many instances easily remedial defects, costing little to rectify were found, such as absent or defective lavatory chains, broken W.C. seats, no bolts on doors of older girls' conveniences, absence of brackets for paper and the absence of paper. All these are important matters which should be attended to promptly. The key personnel in this matter are the head teacher and the caretaker. Some may consider that I am making an unnecessary fuss about school hygiene but I regard it as an important matter not only because it is closely connected with the general health of school children, but also because it plays such a vital part in the prevention or spread of infection in schools. It is estimated that if everybody would always wash their hands immediately after visiting the toilet and before handling food, then the present high incidence of food poisoning in the country would be drastically reduced. It is important that young children should be trained in this simple matter of personal hygiene and the schools should play their part in such training. If, however, the sanitary conveniences are in a decrepit and dilapidated state and if there are inadequate facilities for washing, then it is impossible to carry out such desirable training.

There were increases in the number of cases of scarlet fever, measles, and whooping cough compared with the previous year. For the fifth year in succession there was no case of diphtheria. Once again Oxford was fortunate in its experience of poliomyelitis; there being only two cases amongst school children, one very mild, and the other severe, but both making a most satisfactory recovery. An outbreak of infective hepatitis centred on children attending Wolvercote School commenced in October and at the time of writing this report had reached a total of 40 children

and 5 adults. A small outbreak of sonne dysentery occurred amongst children attending the St. Barnabas' Schools during May and June. Gross defects in the sanitary accommodation were found which may have contributed to the spread of the outbreak.

There has been a slight increase in the number of cases of both pulmonary and non-pulmonary tuberculosis. If no obvious source of infection at home or elsewhere has been found, then a thorough investigation of the school attended by the child has been carried out including tuberculin testing of children and chest X-rays of teachers. All new teachers now have a chest X-ray before taking up appointment. In addition, a very successful voluntary scheme was organised to encourage all existing teaching staff to have a chest X-ray. As a result of the magnificent co-operation of the teachers, there was a 90.7% response and out of 540 X-ray films taken, one case of active pulmonary tuberculosis was found and a further seven teachers had doubtful X-rays and are being followed up carefully by the Chest Physicians. In addition, one large independent school requested similar facilities and all the staff were X-rayed and shown to be free from any evidence of pulmonary tuberculosis. It is hoped to make arrangements for similar facilities to be offered to the teaching staffs of all other independent schools in the City. Towards the end of the year, the expected Ministry of Health Circular authorising the extension of B.C.G. immunisation to school leavers was received and a scheme on the lines of this Circular is in course of preparation.

All the outstanding cases of scalp ringworm were pronounced cured by July and as there have been no fresh cases since then, school children have remained free from this unpleasant infection. There was a slight increase in the number of cases of scabies, 15 families being treated compared with 8 last year. With regard to head louse infestation, fewer cases were again found and most of these were in "problem families" well-known to the Department.

Arrangements by which a special clinic for school children is held at the Eye Hospital has continued and has been much appreciated. There is now no waiting period either for examination or the provision of spectacles. The routine test for colour vision has continued as part of the ten year old examination. The Oxford figures for the last five years show that 3.1% of boys and 0.07% of girls have some degree of colour blindness. Most of the cases found are not severe and are of no serious detriment in ordinary life but a slight colour vision defect can be of the utmost importance from a career point of view.

A full year's experience of the portable pure tone audiometer has confirmed the high opinion initially formed about this method of routine audiometry. Since October 1952, 1,300 school entrants have been tested and of these, 88 were referred to the E.N.T. Department of the Radcliffe Infirmary, of which, 66 were confirmed as having some definite hearing loss, 10 were reported as normal and 12 have yet to be seen. In many of

the cases in which deafness was found, treatment was recommended which should lead to improvement and often a return to normal hearing. Teachers are becoming increasingly aware of the possibility of deafness as a cause of unsatisfactory progress and accordingly quite often bring forward older children for testing. The E.N.T. Department of the Radcliffe Infirmary has co-operated fully in the development of this scheme and once again I should like to express my grateful thanks for the cordial relationship which exists between the two departments.

There has been a further reduction in first attendances at minor ailment clinics, and these are now less than half the number seen in 1948. The reason for this is two-fold, namely fewer minor disabilities, and the fact that general practitioners are dealing with more of these children under the National Health Service. Accordingly the times of the clinics have been reduced and they now finish sufficiently early to allow the doctor and nurse to go on to a school to carry out a medical inspection or other work. The so-called minor ailment clinics have been used increasingly for the purpose of carrying out more detailed examinations of children seen previously at school. In fact these clinics might now more appropriately be named "school clinics" rather than "minor ailment clinics".

The remedial exercise work has continued along the lines previously reported but has been extended at the three special schools, where many of the children have benefited a good deal from this form of therapy.

During the year, the original statutory definitions of handicapped pupils were amended to some extent, and the opportunity has, therefore, been taken of redefining each category when reporting on each group of handicapped children. If at all possible, it is considered desirable for a handicapped child to attend an ordinary school rather than a special school and in this respect grateful thanks are due to teachers who have done so much to help handicapped children to overcome their disabilities. The more severely handicapped children must, however, be sent to special schools, where there must be the closest co-operation between parents, the teaching staff, and the School Medical Department. We are indeed fortunate in the teaching staff at the special schools in this City.

In 1951 three new cases of blindness were reported all due to retrolental fibroplasia, a new disease, the cause of which was unknown. It has now been fairly definitely established that the cause is, in fact, due to excess of oxygen therapy given therapeutically to premature babies. This has been suspected as a possible cause in Oxford for some time and the preventive measures taken seem to have been successful in that no further case of blindness due to this cause has been reported during the last two years.

There has been an increase in the number of partially deaf pupils from 11 in 1951 to 25 this year, and of the latter 12 wear a hearing aid. This increase is undoubtedly due to the more accurate ascertainment arising from the use of the portable pure tone audiometer. A particularly difficult

problem occurred during the year in the case of a child with severe hearing loss who was advised to attend a special residential school for the partially deaf. The parents proved to be unco-operative and Court proceedings were reluctantly taken on two separate occasions, each time a fine being imposed. The case was then referred by the magistrates to the Juvenile Court who dismissed the case against the parents. The child is now attending an independent school in the City which is in no sense recognised as suitable for the education of handicapped children. Such an outcome must be regarded as unsatisfactory.

As a result of the development of the Slade Park School, the number of educationally sub-normal children at special residential schools has been reduced from 25 to 16, with a consequent saving in cost. The Slade Park School only takes children from the age of seven upwards and the attention of the Committee is drawn to the problem of the seriously dull and backward child between the ages of 5 and 7. It is estimated that there are about 20 of these children who are quite unable to benefit from the curriculum of ordinary infant schools and therefore are retained in nursery units where they are obvious misfits because of their physical age. The possibility of a special class where these children could have more individual attention is worthy of consideration.

The relationship between the Child Guidance Clinic and the Warneford and Park Hospitals has grown closer resulting in an interchange of patients, greater diagnostic use of hospital facilities and the attendance at the clinic of a hospital registrar. The positioning of the Child Guidance Clinic and the Northern House Special School in the same building has great advantages and the helpful liaison between parents, teachers and clinic staff has been extended during the year.

With regard to physically handicapped children, recent attention has been focussed on the ascertainment and care of children suffering from Cerebral Palsy (spastic children). There are 16 of these children of school age in Oxford but 10 have relatively minor disabilities and are able to attend ordinary schools. Of the remainder, 3 attend special schools, 2 are at the Occupation Centre and one is receiving home teaching. The advantages of a special unit for spastics serving both as school and treatment centre is obvious, but as there appear to be at the most only three or four children suitable for such a special unit, this would be difficult to justify solely for the benefit of Oxford children.

Miss Renfrew was appointed Chief Speech Therapist to the United Oxford Hospitals in August and the latter part of the year saw the gradual development of the scheme for treating school children as far as possible at schools or clinics rather than at the Speech Therapy Department at the Churchill Hospital. Miss Renfrew is visiting the schools and hopes to establish a close liaison with teachers.

The much needed improvements to the Open Air School are now in hand and at the time of writing this report, the school is temporarily housed

at the old Occupation Centre. The Open Air School now caters for children suffering from a wide variety of ill health, in fact, amongst the 37 children on the register, there are no less than 22 different diagnoses.

The school dental service has had a year in which the staff was nearly up to full establishment. It has however been accepted that the present establishment is inadequate to give a full service and a decision has already been taken to increase this by one dental officer. Unfortunately at the end of the year, resignations were received from two dentists, one full-time and the other half-time, and as a recent advertisement has failed to attract a single suitable applicant, the outlook for 1954 is not at the moment very bright. The number of children found to be needing treatment who undertook to receive this from their own general dental practitioner increased substantially during the year, a trend which is welcomed as long as the promise to receive treatment is fulfilled. Sometimes, unfortunately, it is only given as an excuse for not receiving any treatment.

In conclusion, I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have at all times taken in the School Health Service. My thanks are also due to a loyal and hard working staff all of whom have carried out their duties efficiently. In particular, I am indebted to Dr. Skone and Miss Hunt who have borne the main burden of the day to day administration of the service and have been largely responsible for the compilation of this report.

Yours faithfully,

J. F. WARIN.

SCHOOL HEALTH SERVICE

Routine Medical Examinations.

Numbers Examined:—	1951	1952	1953
Entrants	1,274	1,576	1,634
Ten Year Olds	1,139	1,152	1,222
Leavers	1,100	1,191	1,261
Other Periodic Examinations	73	183	148

The further increase in the number of entrant medical examinations is again due to the relatively high birth-rate in the years immediately after the war.

General Condition of Children Examined (expressed as a percentage)

	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1948	49.6	49.3	1.1
1949	66.9	32.2	0.9
1950	67.4	31.8	0.8
1951	66.8	32.7	0.5
1952	71	28.7	0.3
1953	78.5	21.3	0.2

Although these figures are inevitably affected to some extent by the differing criteria of the several doctors who have made the examinations, it is gratifying to observe the steady decline in the percentage of children placed in the "Poor" category (only 7 out of 4,265 examined in 1953) and the substantial increase in the "Good" category at the expense of the "Fair" group.

Nursery Schools and Nursery Classes in Primary Schools.

There are seven nursery schools and three nursery classes (the same as last year) which are visited weekly by a school nurse and monthly by one of the School Medical Officers. Routine medical examinations at which parents are encouraged to be present are arranged twice a year and 600 such examinations were carried out. Arrangements are made for any defects disclosed in the health of these children to be investigated, and, if necessary, treated.

Shortages of school nursing staff have persisted during the year, and it has not been possible to commence routine tuberculin jelly patch testing of these children. However, it is hoped that a start will be made, early in 1954.

The problem of the backward child aged, between 5 and 7 years old, is mentioned elsewhere in this report. Several of these children are found in these classes, and the superintendents and class teachers concerned show great patience in dealing with these difficult problems.

Home Visits by School Nurses

These visits form an essential and valuable part of the care of school children. Many of them were to problem families.

	<i>1st visits</i>				<i>Re-visits</i>
Cleanliness				140	82
Follow-up				180	106
Other				66	27
				<hr/> 386	<hr/> 215
				<hr/> <hr/>	<hr/> <hr/>

Employment of Children

238 children undertaking part-time employment were examined during the year compared with 197 in 1952. These examinations are made under the Child and Young Persons Act, 1933, Employment of Children, Bye-laws Regulation 8 (e).

School Meals and Milk

The following particulars relate to the number of children in attendance and the number of meals provided on a single day in October, 1953.

Number of pupils present in school on the day selected:

A. In Primary schools (excluding nursery schools) ..	8,953
B. In Secondary schools	3,590
C. In Nursery schools	284
D. In Day Special schools	134
Number of school canteens	51
Number of schools or departments served	66
Number of schools or departments not yet served	—

				<i>Meals</i>		<i>Milk</i>	
				1952	1953	1952	1953
A. Primary Schools (excluding nursery schools)							
(i) Free				371	297	8,330	8,453
(ii) For payment				3,854	3,370	—	—
Percentage of Total ..				47	41	93	94
B. Secondary Schools							
(i) Free				174	149	2,241	2,277
(ii) For payment				1,930	1,635	—	—
Percentage of Total ..				59	49	63	63
C. Nursery Schools							
(i) Free				17	10	302	283
(ii) For payment				285	274	—	—
Percentage of Total ..				100	100	100	99

D. Special Schools

(i) Free	24	22	98	128
(ii) For payment	82	106	—	—
Percentage of Total ..	97	95	89	95

81 bottles of milk were sent home to children who were ill and usually had milk in school.

It will be seen from the above figures that there has been a marked drop in the percentages of children of primary and secondary school age eating dinners at school. While almost all nursery and special school children had school dinners, only half secondary school children and 41% of primary school children had their mid-day meal at school in 1953.

Percentage of children having school dinners—1949—1953

	1949	1950	1951	1952	1953
A. Primary Schools	49	48	47	47	41
B. Secondary Schools	54	54	55	59	49
C. Nursery Schools	100	100	100	100	100
D. Special Schools	95	100	98	97	95

There are probably two main causes for the fall in numbers of school dinners taken in 1953, namely the slight increase in charges for meals and the fact that food rationing practically ceased.

The number of children receiving free meals has again fallen.

Hygiene of School Premises

In last year's annual report mention was made of the start of a survey to find out what improvements had been made in the hygiene of those schools reported as unsatisfactory in 1950. In October and November, 1953, the following 13 schools were visited—City of Oxford Boys', SS. Philip and James' C.E. Boys', SS. Philip and James C.E. Primary, St. Frideswide's C.E. Boys', East Oxford County Primary, St. Clement's C.E. Mixed, New Marston C.E. Primary, St. Aloysius R.C. Primary, St. Ebbe's C.E. Primary, St. Matthew's C.E. Primary, St. Joseph's R.C. Mixed, Iffley C.E. Primary and St. Thomas' C.E. Primary. Although much needed improvements were noted in six schools, it has unfortunately to be recorded that in the remaining seven schools the state of school hygiene was just as poor in 1953 as it was in 1950. It is appreciated that major repairs can only be undertaken gradually but in several schools visited, easily remediable defects were found such as broken lavatory chains, broken pedestal seats, defective or absent bolts on doors of older girls' conveniences, and absence of toilet paper or brackets.

It is, however, a pleasure to record the interest shown and the ingenuity resorted to, by some of the teachers in the older schools in an attempt to provide as high a standard of hygiene as possible. The experience of most head teachers has been that provided conveniences are kept in good order and supplied with toilet paper or proper brackets then care is exercised by the children.

Infectious Diseases

Cases notified in school children:—

	1949	1950	1951	1952	1953
Diphtheria ..	Nil	Nil	Nil	Nil	Nil
Scarlet Fever ..	72	28	50	77	94
Poliomyelitis ..	6	5	1	1	2
Measles	849	423	528	268	941
Whooping Cough	145	250	217	14	129

Diphtheria

For the fifth year in succession no case of Diphtheria has been reported. The figures for primary and reinforcement immunisations in school children in recent years are as follows:—

	<i>Primary</i>	<i>Reinforcement</i>
1950	150	1,499
1951	222	1,607
1952	191	1,837
1953	114	1,318

The fall in the numbers of immunisations in 1953 has been due mainly to temporary shortages of medical staff.

Scarlet Fever

The incidence of this disease has increased slightly each year since the low level of 1950. As usual it was most prevalent in the Autumn. Most cases were very mild in character but one or two more severe examples were seen and these taken in conjunction with a few definite or doubtful cases of acute rheumatism which occurred in the late Autumn, left a clinical impression of a slight increase in the severity of haemolytic streptococcal infection. It has recently been suggested that one particular type of streptococcus (Type 12) is more likely to be associated with attacks of acute nephritis and arrangements have, therefore, been made for the typing of all positive haemolytic streptococcal throat swabs reported in City school children.

Measles

In common with the national figures, notifications were higher this year, than for some years past. The epidemic, which was widespread in the City began in December 1952 and ceased early in June 1953.

Whooping Cough

The figures increased this year, cases being notified from mid June until the end of the year.

Poliomyelitis

There were 2 cases reported during the year. In April a girl, aged 9 years, attending St. Denys' Girls' School, developed slight paralysis, after an illness, which was first thought to be influenza. She was not admitted to hospital and has made a good recovery. In June a boy, aged 6 years, attending SS. Mary and John C.E. School, was admitted to the Radcliffe Infirmary with an attack of the severe bulbar type of the disease. He was later transferred to the Wingfield-Morris Orthopaedic Hospital and has recently been discharged home, having made a remarkable recovery.

Sonne Dysentery

There was a small outbreak of Sonne Dysentery amongst children attending St. Barnabas' Primary and Secondary Schools during May and June. The original case was a girl, aged 3 years, attending the nursery class of this school, who commenced having symptoms on May 1st, and infected two other members of her household, including an elder brother. Both children continued to attend school for a few days, though having symptoms of diarrhoea.

In all, 22 children in the Primary School and 11 in the Secondary School, most of them home contacts of a few early cases, became affected. The outbreak was brought under control mainly as a result of the energetic work of the school nurses in the area, who daily visited the schools, and the homes of children, who were absent with suggestive symptoms. School children living in the same house as an affected child, were excluded until they were proved to be free from the disease, and 2 children in the Primary and 11 in the Secondary School came under observation in this way.

As often happens one "problem family" in the area became badly affected and negative reports were not received from all of its members until mid-July.

During the course of this outbreak some gross defects in the sanitary accommodation at St. Barnabas' Primary School were disclosed, and these have now been remedied.

Infective Hepatitis

Since the beginning of November mild cases of Infective Hepatitis have been reported among children attending Wolvercote School, and, up to the end of the year, 22 children and 2 parents are known to have been affected. Enquiry revealed that a child probably suffered unknowingly from a very mild attack without jaundice at the beginning of October and this child who continued to attend school may have been the starting point of the outbreak. In this disease, patients are most infectious before jaundice appears, and the staff of the school have been very helpful in sending home any child with symptoms, suggestive of the early stages of the disease, and informing the School Health Department about them.

Twelve of the cases reported are members of one class, and the age and sex distribution of all the children affected so far is as follows:—

		<i>Male</i>	<i>Female</i>
Years	5—6	1	0
	6—7	1	1
	7—8	0	1
	8—9	3	2
	9—10	4	5
	10—11	1	0
	11—12	0	0
	12—13	0	1
	13 +	1	1
		—	—
		11	11
		=	=

Tuberculosis

A. New Cases.

The table below summarises notifications of tuberculosis in children attending maintained schools in Oxford, 1949—1953:—

	1949	1950	1951	1952	1953
Pulmonary Tuberculosis	13	8	5	3	8
Non-Pulmonary Tuberculosis	4	4	2	0	3

It will be seen that there was a slight increase in the number of both Pulmonary and Non-Pulmonary cases in 1953. A definite source of infection was discovered in 4 out of the 8 Pulmonary cases. Where no such source was discovered child contacts at school were tuberculin patch-tested and arrangements were made for members of the staff, who had not recently had a chest X-ray, to attend the X-ray Department of the Radcliffe Infirmary. The co-operation of teaching staffs in efforts to investigate every possible source of infection in these unsolved cases has been much appreciated.

B. Cases in maintained schools on the Notification Register:—

	1949	1950	1951	1952	1953
(a) Pulmonary Tuberculosis	42	36	34	32	39
(b) Non-Pulmonary Tuberculosis	34	24	26	17	19

Protection of School Children against Tuberculosis

Compulsory chest X-rays of entrants to Teachers' Training Colleges and on entry to employment with Local Authorities ensure that teachers beginning work in maintained schools are now known to be free from active tuberculosis.

In accordance with a recent Circular from the Ministry of Education, a scheme was prepared, on a voluntary basis, to enable every school

teacher, non-teaching assistant, and student nursery class teacher in maintained schools to have a routine chest x-ray. The response was excellent. 632 personal letters, giving details of the proposals, were sent out and 605 replies including 556 acceptances were received. 31 persons refused outright and one must assume that the 27 persons who did not reply also refused. This makes a total of 59 refusals or 9.3% of the total. 18 persons informed us that they had had a recent chest x-ray, i.e. Mass Miniature Film or attendance at Out-patient Department of the United Oxford Hospitals, and it was thought unnecessary for them to attend.

The x-rays were carried out at the Miniature Camera Unit at the Radcliffe Infirmary in 13 afternoon sessions between 3—4.30 p.m. from June 8th to July 20th. In giving each teacher a definite appointment, every effort was made to suit individual preferences and to avoid dislocation of school work.

The 556 acceptors, were sent reminders about one week before the date of their appointment and 540 actually attended. Of the films taken, 518 were considered satisfactory, but 22 members were called back for a full size film. In this latter group 14 films were satisfactory but 8 persons were felt to require further investigation at the Chest Clinic. As a result of this investigation, one female teacher was discovered to have active pulmonary tuberculosis, was suspended from her duties and is now receiving treatment. The remaining 7 persons are being followed up carefully by the chest physician.

The results can be summarised as follows:—

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Appointments accepted	..	..	..	197	359	556
Appointments kept	..	..	..	190	350	540
Recalled for large film	..	..	..	6	16	22
Recalled for clinical examination after large						
film	..	..	..	4	4	8
Active Pulmonary Tuberculosis	..	..		0	1	1
Observation by Chest Physician	..	..		4	3	7

In addition all the staff of one independent school (Headington) was X-rayed, and all members were found to be free from pulmonary tuberculosis.

It is hoped next year to follow up teachers in maintained schools who were not X-rayed in this survey, and to extend the scheme to other independent schools. The need for this is demonstrated by the fact that 4 cases of Pulmonary and 1 case of Non-Pulmonary Tuberculosis were notified during the year amongst children attending independent schools in the City.

B.C.G. Vaccination

The Ministry Circular on B.C.G. Vaccination appeared on November 5th. It is now permissible for the Local Health Authority, after consulta-

tion with the Local Education Authority to make a scheme to offer B.C.G. Vaccination to older school children. Vaccine would be given to children towards the end of the year preceding their fourteenth birthday. Proposals are under consideration for such a scheme in Oxford.

Ringworm

The fall in the number of children suffering from this disease has continued. By the end of July, all cases under treatment had been cured and no further case has been reported since then.

The figures below show the numbers of children treated since 1946.

1946	..	91
1947	..	57
1948	..	55
1949	..	36
1950	..	20
1951	..	16
1952	..	10
1953	..	7

The careful treatment by the staff of the special diagnostic clinic at 60 St. Aldate's, which functioned from 1946 to September 1952, has much to do with this satisfactory state of affairs.

Scabies

This work continues to be undertaken by one of the nursing assistants and individual arrangements are made for each family affected. Treatment is carried out at the patients' home, if possible, but, if home conditions are inadequate for the purpose then Donnington Clinic is used. These arrangements have proved very satisfactory.

The upward trend, noted in last year's annual report, has continued.

	1948	1949	1950	1951	1952	1953
Total number of individual school children treated (cases and contacts)	62	54	39	6	21	31
Total number of families treated					8	15

Pediculosis

During the year 32,094 cleanliness inspections were carried out by school nurses and out of a school population of 11,487 inspected, 180 children (1.56%) were found to have louse infestation of the head. Although Oxford's experience is fortunate compared with England and Wales as a whole, yet there is still room for improvement.

Percentage of School Population Verminous

	1949	1950	1951	1952	1953
England & Wales	8	7	6	Not available	Not available
Oxford	2.31	2.03	2.16	1.96	1.56

Vision Testing and Eye Defects

Special Clinic at the Eye Hospital

The arrangements have continued whereby a special clinic for school children is held at the Eye Hospital, at which a clerk from the School Health Department attends regularly.

There is no waiting list for examination of new cases, nor for the provision of spectacles. 1,281 children from maintained schools attended the clinic during the year, and spectacles were prescribed in 305 cases.

Colour Vision

Tests for colour vision using the Ishihara Charts, continued to be carried out on all children in the 10—11 year age group. Out of 1,222 children examined, 26 boys and 2 girls were found to have some degree of colour blindness, mostly slight. In addition to the 10—11 year age group, isolated children such as those about to enter the services, who had not previously been examined, were tested, and 5 further boys were found to have defects in colour vision.

During the past five years, 6,195 children between 10 and 11 years have been tested; and 93 boys and 2 girls have been found to have some degree of colour blindness (the majority being red-green colour blindness). If it is assumed that the sexes were evenly distributed the incidence in boys and girls is 3.1% and 0.07% respectively.

Routine colour vision testing is not yet practised by many authorities and therefore it is not possible to compare the incidence in the age group tested in Oxford with children of the same age elsewhere, but such national estimates as are available give an incidence of 8%—10% in boys and 0.4% in girls which are considerably higher than the Oxford figures. There was an interesting correspondence in the *Times* in October on the subject of colour blindness in the course of which the Oxford experience was given.

Audiometry

In last year's annual report a preliminary review was given of experience in Oxford with an individual pure tone audiometer. In 1953 the instrument continued to give every satisfaction, and the advantage of being able to test the hearing of children of younger ages than with the gramophone audiometer, as well as portability and reliability were emphasized. Several demonstrations of the use of the instrument were arranged, by request, for observers from other authorities.

Entrants to primary schools are tested in sessions arranged in conjunction with routine medical inspections, by means of a method known as the Sweep Test, in which about 20 children can be seen in each hour. If a child fails the initial test and it is suspected that the result does not truly represent his or her hearing ability, he or she is referred to a minor ailment clinic, where the ears are syringed when necessary and a further test carried out.

Since October 1952, 1,300 school children, mainly entrants, have had their hearing recorded by this method, and of 142 who failed the initial test in school 56 were referred direct to the Ear, Nose and Throat Department of the United Oxford Hospitals. After examination and retesting at the minor ailment clinic, a further 32 children were referred to the Ear, Nose and Throat Department. Of this total of 88 children referred to the Radcliffe Infirmary for consultant opinion, 66 were found to have a definite loss in hearing: 10 were found to have hearing within normal limits: 7 failed to attend and 5 are awaiting for an appointment. In the cases of the 66 children found to have a degree of deafness, the following treatment was recommended by the Consultant Otolaryngologist :—

Removal of adenoids	15
Removal of adenoids and bilateral antrum punctures and washouts	7
Removal of tonsils and adenoids	12
Removal of tonsils and adenoids and Eustachian Catheterisation..	1
Eustachian Catheterisation	8
To have a hearing aid	1
To have nasal drops and review later	14
Admitted for treatment of otitis media	1
Treated for sinusitis	1
Caloric operation	1
Referral to speech therapist	2

In addition 2 children were found to have nerve deafness, and were to be reviewed later, and one was to be followed-up because backwardness, not deafness, was suspected.

It is pleasing to record the ease with which the instrument can be used in a room which is not absolutely quiet, and the degree of accuracy is confirmed by the findings in children referred to the Ear, Nose and Throat Department, to the staff of which thanks must be expressed for seeing so expeditiously this increasing number of school children. Teachers have given great assistance by their interest in the importance of this work, and by referring certain older children, whose hearing was suspected as being defective.

Ear, Nose and Throat Defects

Special Clinic at the Radcliffe Infirmary

This clinic has proved to be of increasing value, especially in connection with the follow-up of audiometric tests.

Any child who fails a hearing test at the Ear Nose, and Throat Department is referred to an Assessment Clinic, where he or she is seen by the Consultant E. N. T. Surgeon and Lip-reading Instructress, who make recommendations.

The Senior Clerk in the School Health Department has continued to attend these sessions, and the results of the surgeon's examination, recommendation and treatment are recorded on the school medical cards. There is increasing liaison with head and class teachers in schools, where there are children with defects in hearing.

Attendances of City children at the E.N.T. Clinic

	1951	1952	1953
New cases	458	347	508
Old cases	247	372	564
Number recommended for operative treatment	390	269	423
Number recommended for other forms of treatment	181	173	321
No treatment advised	134	277	351

The numbers of City children who received operative treatment were as follows:—

Tonsils and adenoids	294	256	388
Diseases of the ear	7	5	6
Other operative treatment	66	63	74

Minor Ailments Clinic

The attendances of children at the clinics during 1953 are shown in the following table and the records compared with those of 1951 and 1952.

Minor Ailment Clinics

The attendances of children at the clinics during the year are shown in the following table:—

<i>Disease or Defect</i> (1)	1951		1952		1953	
	<i>Number of Attendances</i> <i>First</i> (2)	<i>Second and Subsequent</i> (3)	<i>Number of Attendances</i> <i>First</i> (2)	<i>Second and Subsequent</i> (3)	<i>Number of Attendances</i> <i>First</i> (2)	<i>Second and Subsequent</i> (3)
Skin:—						
Ringworm—Head	19	109	10	51	6	14
Ringworm—Body	11	34	4	10	3	9
Vermineous Head	208	175	226	315	180	93
Scabies	3	—	13	40	14	24
Impetigo	63	85	71	126	51	77
Other Skin Diseases	171	60	212	120	220	105
Lung Diseases	3	—	3	—	4	2
Heart Diseases	2	1	2	—	1	—
Ear Diseases	164	76	114	38	139	21
Nose and Throat Diseases	118	18	109	15	114	20
Eye Diseases (external and other)	431	127	455	185	290	175
Orthopædic (Posture, Flat Foot and other)	134	155	54	54	76	14
Nervous System (Epilepsy or other)	4	—	2	—	—	1
Psychological (Development or Stability)	11	10	7	1	11	6
Developmental (Hernia or other)	5	1	7	1	3	—
Miscellaneous (Minor Injuries, Sores, Chilblains, etc.)	2636	2736	2411	3998	1991	3605
TOTAL	3983	3587	3700	4954	3103	4166

The drop in first attendances from 7,064 in 1948 to 3,700 in 1952 which was commented upon last year, has continued in 1953, when there were only 3,103 new cases. Much of the reduction in numbers comes from the fact that fewer children suffering from conditions under the heading "Miscellaneous", e.g. minor injuries, sores, chilblains, and warts have been seen. It is felt that general practitioners in the National Health Service are now treating many of the children who previously attended clinics. The figures for skin diseases remained much the same as in 1952.

During the year the policy of using clinic time increasingly for more detailed examinations of children, originally seen at routine medical inspections, has been developed. There is no doubt that parents appreciate the extra time available to talk over problems. Further testing of children who appear to have defective hearing at the routine audiometry test in school, also takes place.

The clinics now commence at 9 a.m. and arrangements are made to ensure that school attendance marks are not lost, when children come direct from home, and it is believed that some of the responsibility of non-teaching assistants, who formerly escorted younger children to and from clinics, has been relieved.

Clinics end at 10 a.m. to enable the doctor and school nurse to undertake a medical inspection or immunisation session at a nearby school.

Remedial Exercise Clinics

There has been one change of staff during the past year, but continuity of treatment has not been broken. Miss Brindle resigned in July and Miss Cowell, who was appointed to succeed her, took up duty at the end of September.

The customary arrangement of treating each child once per week still renders it impossible to cover all areas. As new clinics have been opened so, it is regretted, others have been closed. Those closed have been at St. Matthew's Infant, St. Frideswide's Boys', Headington Quarry Mixed and Wolvercote Schools. Where possible, urgent cases from these schools are taken at the nearest clinic but the large numbers attending and the distance and time involved in travelling do present difficulties. If there are waiting lists, exercises are demonstrated to the mothers of the children concerned and the children are then seen at intervals until they can be accommodated. Though this is not an ideal solution it does allay a mother's natural anxiety and should prevent further postural defect.

The congestion at Headington and Marston reported last year has now been relieved owing to the kind co-operation of the respective head teachers in providing more suitable accommodation. Numbers at Headington Secondary Modern School have been further diminished by the opening of Bayswater Secondary Modern School and it is to be hoped that remedials will commence here as soon as possible.

In connection with Special Schools, remedial classes have been started for the children from Northern House School at Summertown Church Hall

and a weekly visit is made to Slade Park School. School children from a special school naturally require more individual treatment and the additional hour of exercises that it has been possible to arrange at the Open Air School during the Autumn Term is proving beneficial to the children.

Detail of the work is shown in tabular form. Treatment described as incomplete refers to those children who have left school or the City before a satisfactory result was obtained.

Clinic	Number under treatment		Satis- factory result	Treatment refused or incomplete	Still on treat- ment
	Posture	Feet			
Walton Street	26	28	27	—	27
New Marston	23	21	3	—	41
New Marston C.E.	6	6	3	—	9
Donnington	45	76	39	2	80
Wolvercote	9	13	5	2	15
Barton Infant	5	5	4	—	6
Barton Junior	9	18	7	5	15
Headington Secondary Modern	18	22	4	2	34
Rose Hill	23	42	8	5	52
East Oxford	60	62	45	5	72
St. Frideswide's Boys'	4	5	—	—	9
Summertown Infant	9	9	6	—	12
Summertown	14	15	9	3	17
SS. Mary & John Infants'	2	15	1	—	16
Cowley	47	22	18	—	51
Hinksey	15	12	14	2	11
Headington	16	27	16	—	27
West Oxford Infant's	1	9	5	—	5
West Oxford Girls'	7	18	7	4	14
South Oxford	18	37	23	—	32
St. Thomas'	3	10	3	1	9
City of Oxford Boys'	15	11	13	3	10
Total	375	483	260	34	564

Handicapped Children

On 4th August, 1953, modifications of the School Health Service and Handicapped Pupils Regulations 1945, came into operation, and it is thought worth while to redefine the categories of handicapped children.

(a) Blind Pupils: that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

3 children—2 are attending special residential schools; one at the Sunshine Home, Abbotskerswell and one at Condover Hall, Shrewsbury.

One backward child returned home during the year from the Sunshine Home, Leamington Spa, where he had not settled down. Since September he has been attending the Occupation Centre as a visitor and has made such progress that it is hoped that he will be readmitted to the Home next year. The child, who was mentioned in the last annual report as having returned from a Sunshine Home, and being considered as ineducable, was reported to the Mental Health Committee during the year. He is on the waiting list for admission to the Ellen Terry Home, Reigate, for trainable defectives.

In the 1951 Report reference was made to three new cases of blindness all due to retrolental fibroplasia, a newly discovered disease, the cause of which was unknown. During the year there has been published experimental work, which shows that the probable cause of retrolental fibroplasia has been the administration of oxygen in high concentration over long periods to newly born children and especially to premature babies. This method of resuscitation had been considered a possible cause for some time in Oxford, the necessary preventive action had been taken, and it is gratifying to report that no further case of this disease has been reported this year.

(b) Partially Sighted pupils: that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight.

9 children—3 are attending special residential schools—2 boys at the Brighton School for Boys and one girl at the Barclay School, Ascot. 6 have been supplied with spectacles, and, with the kind co-operation of head teachers, have been allowed to sit in the front row of their classes.

(c) Deaf pupils: that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

6 children, all of whom are attending special residential schools—4 at the Royal School for the Deaf, Birmingham; one at the Mary Hare Grammar School, Newbury, and one at the Beechcroft Independent School, London.

(d) Partially Deaf pupils: that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

25 children—one child attends the Beechcroft Residential School, London, and 12 children with hearing aids are attending ordinary schools and 11 with a hearing loss of lesser degree sit in the front row of classes.

In addition there is one child with a severe hearing loss, whom it is

considered can only be properly educated in a special residential school. This child was examined independently by a medical officer of the Ministry of Education, and an appeal, by the parents, against the Principal School Medical Officer's opinion was disallowed. Court proceedings were instituted and the parent was fined, and advised to agree with the Local Authority's opinion. He did not comply, however, and at a later court was again fined, the magistrates recommending that the child be brought before a Juvenile Court. At these third proceedings the case against the parent was dismissed. The child is now attending an independent school, which is not recognised as being suitable for the education of handicapped children.

The number of partially deaf children has increased in the last three years, as follows:—

1951	..	11
1952	..	17
1953	..	25

This increase is largely due to better and earlier ascertainment in which the use of the audiometer has played a large part. In dealing with the problems of these children, the co-operation of head and class teachers has been of the utmost value.

(e) Educationally Sub-Normal pupils: that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

16 children are attending special residential schools for educationally sub-normal children—5 at Woodeaton Manor School, Oxon; 3 at Besford Court, Worcester; 2 at St. Francis School, Monyhull; 3 at St. Thomas More's School, East Allington, Devon; 2 at All Souls' School, Hillingdon and one at Littleton House, Cambridge.

27 children are attending special classes in ordinary schools and 4 are attending the Occupation Centre. In addition there are about 20 children, aged between 5 and 7 years, who are so retarded in mental development that they are unable to benefit from the routine of a normal infant school. Some are retained over-age in nursery schools, and others are found places in nursery classes in infant schools, with relatively small numbers. All place a considerable added burden on head and class teachers, who are interested in their condition. There appears to be a real need for a special class where these children could have the special and individual attention of a trained nursery teacher.

During the year, 47 children were examined by the Approved Medical Officers, Dr. Davies, Dr. Skone, Dr. Anscombe and Dr. O'Donnell; 9 of these children were reported to the Local Health Authority either under Section 57 (3) or 57 (5) of the Education Act, 1944.

Slade Park Special Day School for Educationally Sub-Normal Children

This school is becoming an increasingly effective unit in providing suitable education for backward school children in the City. From September 1953 onwards the number of classes has been increased to four, and the total number of children attending has gradually risen from 60 to 70, of whom 3 reached school leaving age at the end of the term. Next year it is hoped to reach a maximum of 80 pupils. An additional member of the teaching staff has been appointed, and so it has been possible to preserve a system of individual tuition. During the year, 2 pupils made such good progress, that they were transferred to an ordinary school, where they have been able to hold their own.

Every effort is made to interest parents in a child's progress, and they are invited to attend functions taking place at the school. The headmaster gives parents and children advice in the selection of suitable employment, visits former pupils at work when possible and encourages them to call on him at the school. It is hoped in another annual report, to describe how these backward children have fared after leaving school.

The close contact between the headmaster and staff and the School Health Department has been maintained, and Mr. Sutherland's attendance and opinions on his pupils' capabilities, at the Ascertainment Sessions held at St. Aldate's Clinic, have been very valuable.

It has been possible during the year to commence a weekly remedial exercise session at the school, and a speech therapist has held a diagnostic session of children with speech defects from which treatment has been offered to several children.

(f) Epileptic pupils: that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

One child suffering from a minor form of epilepsy attends the Open Air School.

(g) Maladjusted pupils: that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

5 children are in special residential schools—2 children at Walton Elm School; one at each of the following—Bylands School, Swalcliffe Park School and Redhill School. 2 children live at the Wavendon Fields and Bodicote Hostels respectively and attend ordinary schools in the district.

In addition 3 children have been placed in normal residential schools, because of difficult home circumstances, to which they are reacting adversely.

40 children attended Northern House Day Special School and there is one child attending an ordinary maintained school.

CHILD GUIDANCE CLINIC

Report submitted by Dr. R. G. McInnes and Dr. V. L. Kahan

1953 has seen the continuation of the general pattern of organisation, and progress in the work of the clinic on the lines reported in 1952.

Dr. Kahan has continued as Medical Director and Mr. Fish as Educational Psychologist. Mrs. E. V. Heimler, the social worker, who was with the clinic from May 1st 1952, resigned in the late autumn, and Miss J. H. Pick, who is a fully qualified Psychiatric Social Worker, as well as having had much experience in mental health work, was appointed as Psychiatric Social Worker in October.

Dr. McInnes, as Consultant Director, has continued to attend the monthly case reviews with the clinic staff. The innovation of inviting a specially interested person to attend the case reviews each month has resulted in a considerable number of Head Teachers being given an insight into the manner in which the Child Guidance Clinic operates and comes to its conclusions regarding further management and the treatment that it recommends.

The drawing together of speech therapy and child guidance that started in 1951, has continued for the past year, and shows not only encouraging results, but confirms the close relationship that one believes exists between many speech difficulties and emotional factors.

The referral rate has been practically unchanged, 95 cases in 1952 compared with 96 in 1953. The number of new cases seen at the clinic was smaller, 64 instead of 76 in 1952. This has been due in part to the high demands being made on treatment time, by the current case load, in spite of the participation in the clinic's work of a registrar from the Warneford Hospital for one session a week. The number of patients who failed to attend appointments made for them has been somewhat higher this year. This was due to the illness of Mrs. Heimler, the social worker, before her resignation. The loss of a social worker led to the psychiatrist's and psychologist's work being increased on each case, thus slowing down the intake of new cases. An additional factor has been the time spent in discussion with the Deputy School Medical Officer who has been carrying out routine paediatric examinations of all new cases. This welcome return to a practice of former years has of necessity curtailed the amount of time that would have been available for other purposes.

Cases have been referred at approximately the same ages as in 1952, predominantly between 6 and 9 years, and males have heavily outnumbered females as in previous years.

There has been an interesting change in the symptoms for which cases have been referred. In previous years behaviour problems, usually of a strong nuisance type, have predominated. In 1953 19 cases of nervous disorder compared with 11 in 1952, were seen; 22 cases of habit disorder or cases in which physical symptoms predominated, were referred, com-

pared with 13 the previous year; and behaviour disorders number 27 compared with 42 in 1952. Educational difficulties were numerically almost unchanged, 27 this year and 28 in 1952. This change is likely to be the result of a change in the pattern of referring agencies. Compared with 1952 medical agencies have increased their referrals, and lay ones diminished. The School Medical Officer has referred 39 compared with 24 the previous year; schools and educational psychologist 36 compared with 52. Hospitals and private doctors have referred 9 in each year. Other minor agencies of referral have referred 12 cases compared with 9 in 1952.

The case load remains approximately constant, with 249 open cases. A high proportion of these are largely supervisory, and comprise cases in which improvement has not warranted closure but which are developing satisfactorily under general management, with need for only occasional intervention in the form of school or social work visits. The active cases that are open fully occupy the available time that can be allotted to their treatment, and the planning for their continuous treatment makes it necessary for caution to be taken in increasing the number of new cases seen.

Of the cases closed in 1953, two-thirds were much improved. A number of cases were closed because, although the child concerned was disturbed emotionally and would have benefitted from treatment, it was not possible to adjust the parents' attitude with regard to the child's problems, and attendance at the Child Guidance Clinic. In such cases, especially when intervention by the clinic leads to a worsening attitude towards the child, it is best to withdraw treatment, and this was done in seven cases.

Special placements on the recommendation of the clinic follow the same pattern as in 1952. The number of children placed in residential hostels and schools continues to be small. Northern House School with its special facilities for the educational treatment of maladjusted children, plays a definite part in minimising the need to find educational placement on a residential basis.

The waiting list diminished during the year from 72 to 56. The waiting period is approximately 12—16 weeks. Priorities on medical, social or education grounds, enable urgent cases to be seen very much sooner.

Child Guidance treatment has followed the customary pattern. Individual psychotherapeutic sessions have been held by the psychiatrist. Observational play groups and remedial teaching have been carried out throughout the year by the clinical psychologist. Social work as is customary, has a high priority in the treatment of child guidance cases. This has led to the social worker having a very full programme of interviews and visits. The counselling of parents which helps not only in the indirect sphere of helping the parents to deal with their child, but also helps the parents to cope better with their own worries and responsibilities,

plays a great part in the management of child guidance cases. The improved atmosphere at home which results from successful social work enables parents to accept the child and his problems, thus providing a suitable environment for the direct therapeutic work that is done with the child.

A small number of cases have proved themselves unsuitable for child guidance help. These have been chiefly cases where either the child was of insufficient intelligence to benefit from the methods of treatment available at the Child Guidance Clinic, or cases in which the social problems of a material nature far outweighed the psychological ones, and thus were beyond the scope of the Child Guidance Clinic and its Psychiatric Social Worker. Both types of cases were put in touch with more suitable outside agencies, both medical and social.

Northern House School is organised in close conjunction with the Child Guidance Clinic. As in previous years, admission to the school is solely through the recommendation of the clinic, following full child guidance investigation. Weekly conferences between the Child Guidance Clinic staff and the school staff have been a regular feature. In these the children are discussed in turn, and fresh measures, if any, in their treatment are arranged if they appear necessary. In addition, each term there has been a conference between school and clinic on the development and degree of improvement which children at Northern House School had reached and the best school for them to be transferred to on the completion of their period at Northern House School. The third method of maintaining close clinical supervision of children receiving the special educational treatment available at Northern House, is a termly review of progress. This takes the form of a conference in which the school staff assess the child in various fields of personality and attainments, the results of which are then discussed at a further meeting with the clinic staff. Northern House School has an active teacher/parent group which holds regular monthly meetings during the two winter terms. Many parents attend at the school for these meetings, and this has, in the past, enabled the clinic staff to meet parents on an informal occasion and discuss the progress of their children. There has been none but good results arising from these close relationships between the clinic and school, and the school and the parents of the children.

During the year the clinic has maintained close liaison with the Psychiatric Services particularly in relation to the Park and Warneford Hospitals and the Park Out-patients. Cases have been seen at the clinic which were first seen at the Park Out-patients' Clinic and transfers have been made of suitable clinic cases, both to the Park Out-patients' and the Warneford Hospital. This has materially expanded the usefulness of the clinic, and widened its scope in dealing with the psychiatric problems of the child and its family. Increased use has been made of the diagnostic facilities

of the Warneford Hospital, both of the Electro-encephalographic Department and clinical laboratory.

The authors wish to thank the other members of the clinic staff without whose co-operation the work of the clinic could not have been so satisfactorily performed.

Statistical Tables

I. *Cases during the year*

Number of open cases, January 1st 1953	..	..	217	
<i>New cases taken on for treatment</i>	..	..	64	
Reopened cases	..	..	5	
Cases transferred from County Child Guidance Clinic	..	..	1	
			—	287
Cases closed	..	..		39
				—
Number of open cases January 1st 1954	..	..		248

II. *Waiting list*

January 1st 1953	..	..	72	
New cases added	..	..	95	
			—	167
New cases seen 1953	..	..	64	
Cases removed from waiting list	..	..	47	
			—	111
Waiting list for January 1st 1954	..	..		56

III. *Review of cases*

A. *Sources of Referral*

(i) School Medical Officer (including speech therapist via S.M.O.)	..	..	39	
(ii) Head Teachers and Educational Psychologist	..		35	
(iii) Hospitals and private doctors	..	..	9	
(iv) Parents	..	..	8	
(v) Courts and Children's Committee	..	..	3	
(vi) Mental Health Committee	..	..	1	
			—	95

B. *Reasons for referral*

(i) Nervous disorders, fears, obsessions, etc.	..		19	
(ii) Habit disorders and physical symptoms	..		22	
(iii) Behaviour disorders	..	..	27	
(iv) Educational difficulties	..	..	27	
			—	95

C. *Cases closed*

Improved	14
Transferred to other agencies	10
Diagnostic only	3
Parents unco-operative	7
Left district	2
Educational problems—left school	3
	— 39

D. *Placements*

Northern House School	16
Residential hostels and maladjusted schools.. .. .	2
Transferred from Northern House School to ordinary schools	13
Transferred from Northern House School to Residential Hostel	1
Withdrawn by parent from Northern House School ..	4
Committed to Approved Schools	2

IV. *Educational Problems*

Cases tested and interviewed by the Educational Psychologist were as follows:—

In the Clinic: new cases and retest of old open cases ..	50
Cases seen in schools in which clinic referral was recom- mended, but not yet seen	38
Cases seen in schools in which an assessment was made and advice given	120
Cases seen who were educationally subnormal: new cases and reviews of old ones	60
Cases seen who were mentally deficient: new cases and re- views of old ones	9
	— 277

(h) Physically Handicapped pupils; that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

6 children are in residential schools—one at the Heritage Craft School, Chailey; two at St. Loyes College, Exeter; two at the Lord Mayor Treloar College, Alton; and one at the Hurst Lee School, Broadstairs. One child is attending an independent nursery school.

6 other physically handicapped children are attending ordinary day schools, either full or part-time, and special transport has again been provided for some of them. It is important to make a physically handicapped child feel as far as possible a normal member of the community

and the co-operation and interest of teachers has made the inclusion of these children in ordinary classes, easy and trouble-free.

4 children are receiving home teaching. One has progressive muscular disease; another suffers from cerebral palsy, and was unable to settle down in a special residential school; a third comes home for short periods during a series of plastic surgery operations for severe burns, and a fourth has multiple congenital deformities of such a degree that it has not yet been possible to consider him for special residential schooling.

It is a pleasure once again to express thanks to the British Red Cross Society for arranging a summer holiday by the sea for some of these children, and for organising social functions where parents and children can meet and discuss problems.

Children suffering from Cerebral Palsy (Spastic Children)

In recent years attention has been focussed on the ascertainment and care of children suffering from this condition, which, in its most severe form, constitutes a great handicap to a child. In Oxford there are 16 spastic children with ages ranging from 5—14 years. In ten children the disability is slight and they are able to attend ordinary schools. A further three children attend special schools, one at the Slade Park Special School, another, at the Open Air School and a third, who is also deaf, at the School for the Deaf, Birmingham.

Two children attend the Occupation Centre. One unfortunately is ineducable and has been reported to the Mental Health Committee; the second has been seen by Miss M. I. Dunsdon, Senior Research Psychologist, at the Burden Mental Research Department, Bristol, who feels that he is responding well to the Centre training and might succeed in Slade Park Special School at the age of 7 years.

The remaining child was sent to a special residential school for spastics but failed to settle and returned home after a few weeks and is now receiving home teaching.

Speech Therapy has been arranged for two of the above children, and for a further child who is attending an independent nursery school.

Contact is maintained with the Oxfordshire Parents' Association which is linked to the National Spastics Society.

(i) Pupils suffering from Speech Defect: that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

*Report submitted by Miss C. E. Renfrew, the Chief Speech Therapist,
United Oxford Hospitals*

Table I. Number of Patients

No. of patients on "Regular" attendance register, January	
1953 (carried over from previous years)	29

No. of patients on "Regular" attendance register, January 1954	34
No. of patients on waiting list, January 1953	4
No. of new cases referred during the year	36
Total number of patients treated, examined or reviewed during the year	81
Waiting list as at December 31st, 1953	11

Table II. Reasons of Referral

Retarded speech development	19
Retarded speech development and stammer	3
Dyslalia	27
Dyslalia and stammer	2
Dyslalia and dysphonia	1
Stammer	21
Cleft palate or allied conditions	3
Dyslexia due to localised cerebral disability	1
Dysarthria (Cerebral Palsy)	1
E.S.N. (Sub-normal speech)	3
	<hr/>
	81

Table III. Result of Treatment and Disposal

Under regulated observation	20
Conditional discharge	2
Discharged—Optimum reached	3
Discharged satisfactory	10
Treatment deferred or suspended	6
Referred to Child Guidance Clinic	5
Left District	1
Lapsed or refused treatment	3
Transferred to Churchill Hospital (N.H.S.)	2

Table IV.

Comparison of figures for previous years is shown:—

	<i>Cases referred</i>	<i>Cases treated reviewed or examined</i>	<i>Total Treatments given</i>
1947	25	48	—
1948	46	68	865
1949	61	79	747
1950	26	89	1,239
1951	37	89	1,130
1952	23	90	701
1953	36	81	910

The figures do *not* include children, under the jurisdiction of Oxford City, who are on the hospital list. These children number twelve of whom four have been treated at School Clinics, although referred by hospital departments.

The staffing problems during the greater part of 1953 has held up the expansion of the Speech Therapy services to Oxford City school children. In August 1953, I was appointed Chief Speech Therapist to the United Oxford Hospitals, having previously held a similar appointment under Nottingham Education Committee. We were very sorry to lose in the same month, Miss Molphy who left to take up a post in the United States. Miss Wallace, from Exeter Education Committee, joined the staff in October. For the first time for several years we were then fully staffed, and expansion of the services to Oxford City schools was planned. So far, this has consisted mainly of visiting schools and seeing selected children in the areas of Barton and Summertown, where new clinics are to be opened early in 1954.

At the beginning of the year, all school children were treated either at the Churchill Hospital or at the Child Guidance Centre, but from April one session per week was held at each of three School Clinics, namely 60 St. Aldate's; Headington, Margaret Road and East Oxford, Cowley Road. The remaining children from areas not served by the above school clinics continued to come to the Churchill. While the premises at the Churchill Hospital are much more suited to the work of Speech Therapists, nevertheless the advantages of using the School clinics outweigh this. Children attend more regularly, and less school time is lost in travelling. A better contact is possible with the teachers and the work of the speech therapist can thus be geared to the child's school life. Attendance at a school clinic rather than a hospital lessens the undesirable feeling of abnormality often felt by speech defective children.

We are most grateful to the members of the School Health Department's staff, who have helped in numerous directions to further the work of the Speech Therapists, and also to the teachers with whom co-operation has been most valuable on many different types of problem.

(j) Delicate pupils: that is to say, pupils not falling under any other category in the Regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

33 children, including one child suffering from diabetes are attending the Open Air School.

OPEN AIR SCHOOL

The number of children attending the school during the year has varied between 29 and 38. The number of admissions during the year increased to 17 compared with 13 in 1952.

Admissions during 1953

17 children were admitted during the year of which 3 had asthma, 3 were of poor nutrition (one of these was a re-admission) and there were single cases of primary tuberculosis, recurrent bronchitis, allergic rhinitis, seborrhoeic dermatitis, petit mal, congenital heart, chronic urinary infection, progressive muscular atrophy, severe burns, bronchiectasis and hebephrenic schizophrenia with epilepsy.

Discharges during 1953

11 children were discharged during the year.

<i>Condition</i>	<i>Number</i>	<i>Length of stay in terms</i>	<i>Where sent</i>
Poor nutrition	.. 3	2; 5; 8	2 to ordinary school. 1 to an educationally subnormal school.
Asthma	2	4; 10	Both to ordinary schools.
Bronchiectasis ..	1	1	Removed at parents' request.
Lobectomy	1	15	To ordinary school.
T.B. Meningitis ..	1	11	Left area.
T.B. kidney and pleural effusion	1	9	To ordinary school.
T.B. contact	1	8	To educationally sub- normal school.
Hebephrenic schizo- phrenia and epilepsy	1	1	To own home, unsuit- able for any school in area.

Children attending the Open Air School on December 31st, 1953

Asthma	10
Poor nutrition	5
Convalescent primary T.B.	4
Recurrent bronchitis ..	2
Bronchiectasis	2
Convalescence after lobectomy	1
Spastic	1
Diabetes mellitus	1
Multiple neurofibromatosis	1
Progressive muscular atrophy	1
Petit mal	1
Chronic urinary infection ..	1
Recurrent otorrhoea	1

Children attending the Open Air School cont.:

Allergic rhinitis	..	..	..	..	..	..	1
Congenital heart	..	..	..	..	..	..	1
Seborrhoeic dermatitis	..	..	..	..	..	..	1
Severe burns	..	..	..	..	..	..	1
Sinusitis	..	..	..	..	..	..	1
Perthe's disease	..	..	..	..	..	..	1

Sources from which children were referred:—

			Total at school, December, 1953	1953 admissions	1952 admissions
School Medical Officers	..	..	21	8	7
Paediatric department	..	..	8	3	3
General medical practitioners	..	..	4	3	0
Chest clinic	..	..	4	1	1

The length of stay of children attending on December 31st 1953

Less than 1 year	..	..	15
1—2 years	..	..	11
2—3 years	..	..	3
3—4 years	..	..	3
4—5 years	..	..	3
Over 5 years	..	..	2

Medical Arrangements

Dr. Willson who is responsible for the medical supervision of the children attending the Open Air School reports as follows:—

“A start having been made with the projected improvements to the Open Air School, criticism of the make-shift and antiquated buildings and facilities that have been tolerated for the past few years is untimely. We are thankful that it is now realised that protection from the Oxford weather, rather than exposure to it, is likely to prove the more beneficial for at least one-third of the year. Perhaps the name ‘Open Air School’ has been largely responsible for the perpetuation of the spartan rigours to which our delicate children have so long been subjected. Fresh air is, in fact, but one of the benefits bestowed by the regime followed at the school. The provision of an ample and well balanced mid-day meal, extra rest periods, and freedom from the competitive atmosphere of ordinary school life with consequent relief of tension and anxiety are equally valuable in the restoration of sick or convalescent children to robust health.

“The types of cases admitted to the school show greater diversity than ever before. During the year there were **22** different medical diagnoses

amongst the children, compared with 11 in the previous year. Asthmatic children at present constitute over one quarter of those attending the school and it is these who are likely to benefit the most when protection from cold winds, fog, and the general dampness prevailing for much of the winter, can be secured.

“It is gratifying to observe that only 11 of the 37 children now at the school have been there for longer than 2 years, and of these 2 are now being transferred to ordinary schools. There is likely to remain a small core of children who will never withstand the demands made by an ordinary school, who, indeed, are likely to need extra care and protection throughout their lives; but for the majority the school should merely provide an interlude for recuperation, to be followed by a return to all the activities expected of the normal healthy child and which help fit it for life in a competitive world”.

Miss Smith has continued her work for the school with resource and enthusiasm, often under trying conditions. In February the school was shut for 2 days because of the drifting in of snow. The Annual Schools Examination was taken, as usual, by certain pupils.

Travelling facilities for the children to and from school have always been difficult to arrange satisfactorily but are now much better than in the past. Since September, 1953, re-routing of the buses has enabled certain children to be collected much nearer their homes.

During the summer term, regular visits were made to the Temple Cowley Swimming Baths, by 6 of the children, travelling by special coach. Recently boys as well as girls have been attending the Domestic Science Centre. External activities such as these are most important, diminishing as they do the sense of segregation that might otherwise prevail.

The weekly classes for remedial exercises have been supervised by Miss Flint since Miss Brindle left at the end of the summer term, and, of course, continue to be most valuable especially for the asthmatic children.

Deaths of School Children

During 1953 two Oxford school children died:—

A girl, aged 15 years, died from terminal broncho-pneumonia in a chronic liver and nervous disease (Hepato-Lenticular Degeneration); the cause of which is unknown and for which there is no specific treatment.

A second girl, aged 10 years, died in hospital from appendicitis, complicated by peritonitis.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER— C. H. I. MILLAR, L.D.S.

Additional professional staff have permitted a further extension of the scope of the School Dental Service during the year. Four of the clinics have operated practically on a full-time basis, though it was not possible

to implement the Ministry of Education policy of inspecting annually the whole school population. The Council has, therefore, agreed to create another vacancy for an assistant dental officer. If this post can be filled and the fifth clinic opened, it should be possible to inspect each year all children attending City schools and to offer necessary treatment to a substantial number of them.

Unfortunately, one of the assistant dental officers, Miss Muir will be leaving Oxford early in 1954 and three part-time officers have resigned during the year, so it is uncertain whether the progress made can be maintained in 1954.

It was with great regret that the resignation of Mrs. Pigott was received. She had given the service many years of invaluable help. Mrs. Robertson and Mr. Phillips had been with the Authority for a shorter time but their help was greatly appreciated and we are very sorry to lose their services. Miss Rolfe, the senior dental attendant, is also leaving early in 1954. We wish her every success in her new career.

PRIMARY SCHOOLS

Inspection and Treatment

17 schools were visited. Of 2,582 boys and girls examined, 2,031 were found to need dental treatment. 71% of those referred for treatment accepted.

Particulars of Inspections and Treatment

1. Number of children:—

(a) Inspected	..	..	..	..	..	..	2,582
(b) Found to require treatment	..	..	..	..	..	..	2,031
(c) Actually treated (including special cases)	..	..	..	..	..	..	1,838

2. Half-days devoted to:—

Inspections: 31. Treatment: 1,118. Total: 1,149.

3. Attendances made for treatment: 6,280.

4. Fillings:—

Permanent teeth: 2,993. Temporary teeth: 1,865. Total: 4,858.

5. Extractions:—

Permanent teeth: 357. Temporary teeth: 1,952. Total: 2,309.
66 of the 357 permanent teeth mentioned above were extracted for orthodontic purposes.

6. Administration of General Anaesthetics: 75.

7. Administration of Local Anaesthetics: 1,910.

8. Other Operations:—

Permanent teeth: 337. Temporary teeth: 1,536. Total: 1,873.

9. Partial dentures fitted: 5.

10. Regulation of teeth:—

7 patients were under treatment during the year, and 6 appliances were fitted.

Inspection of Primary Schools

<i>School</i>	<i>No. Insp.</i>	<i>Sound Mouths</i>	<i>Refused</i>	<i>Own Dentist</i>	<i>Accpt.</i>	<i>% Accpt.</i>
East Oxford Infants ..	160	50	16	5	89	81
St. Barnabas Senior ..	125	22	15	1	87	85
Bartlemas Nursery ..	37	14	5	3	15	65
St. Thomas' Infants ..	54	19	4	2	29	83
Rose Hill County Infants ..	232	17	14	42	159	74
Rose Hill County Junior ..	327	8	44	35	240	75
New Hinksey Mixed ..	246	69	8	31	138	78
South Oxford Infant (part)	77	29	—	6	42	88
West Oxford Girls' ..	109	10	1	21	77	78
West Oxford Infants ..	96	18	—	30	48	62
Barton Junior ..	275	21	—	63	101	75
Slade Nursery ..	54	23	—	7	24	77
Headington Quarry ..	147	48	—	38	61	62
St. Frideswide's Boys' ..	69	18	1	12	38	75
St. Barnabas' Jnr. & Inf. ..	117	26	5	35	51	56
Headington Junior ..	410	149	6	139	116	44
St. Joseph's Infants ..	47	10	—	8	29	78
Total	2582	551	119	478	1434	71

SECONDARY SCHOOLS**Inspection and Treatment**

4 schools were visited. Of 938 boys and girls examined, 738 were found to need dental treatment. 21% had naturally or artificially sound teeth. of those referred for treatment 66% accepted.

Particulars of Inspections and Treatment

1. Number of boys and girls:—

(a) Inspected	938
(b) Found to require treatment	738
(c) Actually treated	581

2. Half-days devoted to:—

Inspections: 4. Treatment: 460. Total: 464.

3. Attendances made for treatment: 2,961.

4. Fillings:—

Permanent teeth: 2,498. Temporary teeth: 0. Total: 2,498.

5. Extractions:—

Permanent teeth: 264. Temporary teeth: 155. Total: 419.
58 of the 264 permanent teeth mentioned above were extracted for orthodontic purposes.

6. Administration of General Anaesthetics: 14.

7. Administration of Local Anaesthetics: 566.

8. Other Operations:—

Permanent teeth: 1,141. Temporary teeth: 0. Total: 1,141.

9. Partial dentures fitted: 11.

10. Regulation of teeth:

8 patients were under treatment during the year, and 8 appliances were fitted.

Inspection of Secondary Schools, 1953

<i>School</i>	<i>No. Insp.</i>	<i>Sound Mouths</i>	<i>Refused</i>	<i>Own Dentist</i>	<i>Accept</i>	<i>% Accept.</i>
Cowley St. John Boys. ..	187	59	25	11	92	71
City of Oxford Boys' ..	265	58	34	41	132	64
Technical Secondary ..	273	40	—	96	137	59
Cowley St. John Girls' ..	213	43	41	3	126	74
Total	938	200	100	151	487	65

WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL

Two visits were paid to the Hospital during the year.

Particulars of Work

1. Number of children treated.. .. . 10

2. Number of attendances 11

3. Fillings:—

Permanent teeth: 3. Deciduous teeth: 0. Total: 3.

4. Extractions:—

Permanent teeth: 2. Deciduous teeth: 11. Total: 13.

REVIEW OF DENTAL STATISTICS FOR LAST TEN YEARS

(Figures in brackets refer to secondary school children)

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
1. Number of children inspected	12,378 —	11,435 (2247)	11,956 (2333)	11,194 (2304)	10,136 (3156)	5,621 (2163)	4,200 (1803)	1,095 (575)	3,039 (1255)	4,272 (938)
2. Number of children found to require treatment	7,287 —	6,708 (1398)	7,289 (1474)	6,599 (1424)	6,020 (1955)	3,706 (1414)	2,968 (1220)	973 (521)	2,587 (1071)	3,521 (738)
3. % of children inspected found to require treatment	59 —	59 (62)	61 (63)	59 (62)	59 (62)	66 (65)	71 (68)	89 (91)	85 (85)	82.4 (78.7)
4. Number of children treated	6,184 —	5,334 (1263)	6,500 (1396)	5,977 (1391)	5,555 (1651)	3,499 (1183)	3,030 (950)	1,219 (455)	1,691 (581)	2,419 (581)
5. Number of fillings in permanent teeth ..	9,563 —	7,826 (2327)	8,710 (2730)	9,828 (3249)	7,601 (3720)	4,983 (3310)	3,814 (2031)	1,852 (1287)	5,101 (2974)	5,326 (2498)
6. Number of permanent teeth filled	—	—	—	—	—	—	2,558	1,760	4,716	5,086
7. Number of fillings in temporary teeth ..	1,056 —	864 —	879 —	1,140 —	992 —	650 (1)	508 (2)	267 —	713 —	1,851 —
8. Number of temporary teeth filled	—	—	—	—	—	—	508	254	713	1,783
9. Average number of fillings per child treated	1.7	1.6	1.5	1.6	1.5	1.6	1.4	1.7	3.4	2.9

REPORT OF THE ADVISERS IN PHYSICAL EDUCATION—

MISS A. H. STAPLETON AND MR. K. JARY

The publication during 1953 of "Planning the Programme", Part II of Physical Education in the Primary School saw the completion of the Ministry of Education's handbook which now replaces the 1953 Syllabus of Physical Education. The type of physical education work which it recommends is that which has already been developed with success in the junior and infant schools in Oxford over the past few years, and whilst providing suggestions for further advancement and development we are certain that in this book teachers will find much to justify the enterprising spirit they have brought to the subject since the end of the war. The programme of installation of climbing equipment commenced in 1950 and now well advanced and the more generous provision of small apparatus has made much easier the changeover in teaching methods in the primary schools.

We would like to record our appreciation of the readiness that teachers have shown to try new methods whilst preserving what is best of the old, and of the general high standard obtained.

Some account was given in last year's report of a first visit by a group of secondary modern children to a National Centre of the Central Council of Physical Recreation, where games, athletics, and watermanship coaching was given by experts. This was followed in 1953 by a mid-week visit when a study of the geographical and historical features of the locality was carried out and the physical education and outdoor practices took place later in the day. We are convinced of the social and educational values of a project of this nature and feel that there is room for development in this direction.

During the year the Annual Conference of Organisers of Physical Education took place at Wadham College. Representatives of some 100 education authorities, training colleges and universities saw demonstrations of canoeing and canoe construction by children of South Oxford C. Secondary School, athletics' training by boys and girls of Southfield and Cowley St. John Girls' Schools, and a demonstration of advanced training methods in swimming and diving arranged by the Oxford Schools' Swimming Association. A report of this conference published in the journal of the Association of Organisers of Physical Education speaks of the high quality of these demonstrations and refers to them as one of the more conspicuous features of the Conference programme. That this critical audience should be so impressed is indicative of the enthusiasm and interest of the many teachers concerned, although it should be stressed that in little sense were these specially staged demonstrations.

Clothing

Resumption of the supply of clothing to pupils of secondary age was made possible during the year and the replacement of that first issued in 1949 and now beginning to wear out was effected.

Generally the supply of plimsolls was maintained. As we stated last year, we consider clothing and plimsolls to be the most important items of physical education equipment and we are gratified to see that the number of children who provide their own, although still small, is increasing.

Courses

MEN.

(a) *Physical Education for Men Teachers in Schools with Secondary Age Children*

This six-session course attended by twenty-five men teachers was held during the spring term and was a follow-up of the previous course of this kind organised in 1949. Examples of the type of work developed since that time in five schools in the City were shown, and extensions of the first suggestions for a syllabus examined and discussed.

(b) *Cricket Coaching Methods*

At the beginning of the summer term a week-end course for teachers and youth leaders was organised at the Temple Cowley C. Secondary School. Under the instruction of the M.C.C. National Coach this course illustrated modern group coaching of cricket, and the necessary adaptations if space and facilities were somewhat restricted. Thirty-six teachers from City and County attended.

WOMEN

1. *Course in Physical Education for Teachers in Secondary Schools.*

A course of six sessions was held in the Spring term, seventeen teachers attended. Material and schemes of work for this age group were discussed and demonstrations were given by girls from Cowley St. John Girls', South Oxford, Temple Cowley and Headington Secondary Modern Schools.

2. *Hockey Coaching*

Miss M. Cadell, the official coach to the All-England Women's Hockey Association spent three days in the Autumn term visiting playing fields to give coaching demonstrations to schools. The teachers present found this particularly useful as they were able to see the progress of their own pupils.

Games

Boys

(a) *Association Football*

Coaching in this game continues to improve and this has generally been a successful season. The three visits per school made by well-known

members of professional club teams under the Football Association Coaching Scheme arouse a great deal of interest and enthusiasm on the part of the boys and now begin to show results.

(b) *Cricket*

As a result of the three cricket coaching courses held over the last three years group coaching methods are now more generally practised. Although good use is made of the facilities offered by Colleges these are available only for the school teams and provision for serious coaching of the game during organised games lessons outside the grammar schools is very inadequate. The arrangements now made for girls' tennis now appear to be superior to those it is possible to make for the practice of cricket.

(c) *Rugby Football*

Rugby Football is now played in the two boys' grammar schools and two secondary modern schools.

(d) *Basketball*

The provision of portable basketball standards has enabled this game to be introduced in a number of schools as a playground game. It continues to flourish as an evening activity and with the opening of the Bayswater School gymnasium the City will possess one good-sized indoor court. A Youth team entered for the National Youth Championships and also gave a public demonstration of the game during the Youth Display.

GIRLS

(a) *Tennis*

This year additional courts have been hired so that all the four years in secondary modern schools where possible can have tennis coaching and it is encouraging to note that nearly all the schools took advantage of the extra facilities. It is now hoped that the standard will gradually improve.

At the end of the summer term 15 schools entered for an under-15 inter-schools tennis tournament, which was held on Manor Road Playing Field. Summertown won the 1st couple division, beating the Secondary Technical School; Milham Ford School won the 2nd couple division, beating the Secondary Technical School.

(b) *Hockey.*

The Oxfordshire Junior Hockey Tournament was held in October and in the final Temple Cowley School was beaten by Milham Ford School.

For general play still too many girls are handicapped through inadequate footwear. Strong shoes are essential, particularly as so often the grounds are very damp. Also it is quite impossible to run in shoes with high heels.

(c) *Netball*

For the third year the Oxfordshire Netball Association held an under-15 schools' tournament at Milham Ford School. Twenty-two schools entered.

Seven teachers attended an Umpire's Course held in the autumn term.

Mixed Activities

(a) Athletics

It is very encouraging to see the standard of athletics improve each year. Again many records were broken at both the City and County Championships which were held on the O.U.A.C. track. Forty-five boys and girls competed in the Schools' National Championship Meeting which was held at Slough. Oxfordshire gained 20 points.

A very successful junior meeting was held at Temple Cowley School on July 11th.

(b) Swimming

Two successful galas for seniors and juniors were held at Cowley Bath. Although the actual speed of individuals has developed considerably, still greater care is required to obtain good stroke technique.

For the first time the Divisional Gala (Oxon, Berks, and Bucks) was held at Oxford at Cowley Bath. Oxfordshire gained 103 points. Seven boys and girls took part in the All-England Schools' Swimming Championship Gala held at Bournemouth. Although none of the Oxfordshire team gained places, the experience of taking part in this competition is of real value and also some of the team were young and will have the opportunity to compete again next year.

The Monday evening coaching scheme arranged by the Oxford Schools' Association has again been most successful. At both the galas it was very noticeable that all the winners were the boys and girls who had attended the coaching evenings.

Below is an analysis of swimming tests passed in 1953.

<i>Test</i>					<i>Boys</i>	<i>Girls</i>
10 yards	..	..	..	..	355	369
25 yards	..	..	..	..	276	275
75 yards	..	..	..	..	168	164
Object Diving		..	..	..	120	74
200 yards	..	..	..	..	21	19
R.L.S.S. Intermediate		..	..		3	1
Two Plain Dives	..	..	..		48	14
50 yards Front Crawl		..	..		18	2
400 yards	..	..	..	..	53	28
Speed	..	..	..	..	12	3
R.L.S.S. Bronze Medallion			..		13	29

(c) Dancing

In many schools various types of dancing are taken with great regularity which is very encouraging. Unfortunately some schools are handicapped as they have no available pianist.

In the summer term teams of dancers from East Oxford Junior and Cowley St. Christopher Junior Schools showed dances at the Schools' Music Festival.

Oxford and District Physical Education Association

In the summer term a number of teachers from the City and County attended a very enjoyable National Dance Session taken by Miss Palfreyman from Reading.

On November 21st a One-day Course was held at Milham Ford School. Mr. Newton gave an interesting lecture on Physical Education in Borstals. This was followed by Miss V. Tindal-Biscoe who took a Basic Movement class with girls of secondary age. In the afternoon Miss M. I. Waterman gave a practical session on Irish Dancing.

Recreative Physical Education in Youth Clubs and Evening Institutes

During the winter months 24 boys and 16 girls physical recreation classes were held and in addition three classes for married women. On the whole the attendance has been regular except for two girls' classes which had to be closed through lack of numbers.

In the Youth Festival held in February eleven clubs showed various recreation items. In March six girls' teams met at South Ward Social Guild to give a display of various types of work. Miss Whittard, the Assistant Organiser of Berkshire was present to adjudicate.

The training centres were again organised in the summer term for tennis, cricket, athletics and swimming. The attendance at all the centres was good, and it was encouraging to see so many girls attend the athletic coaching. Ten clubs took part in the rounders league held regularly each week. On June 27th an Inter-Town sports meeting against High Wycombe was held in Oxford. The Oxford teams won the following events—cricket, tennis, athletics, rounders and basketball.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1953

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:

Entrants	1,634
Second Age Group	1,222
Third Age Group	1,261
TOTAL	<hr/> 4,117
Number of other Periodic Inspections	148
GRAND TOTAL	<hr/> 4,265

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	3,186	
Number of Re-inspections	..	..	..	..	..	5,710	
TOTAL	..	..	..	..	..	<u>8,896</u>	8,896

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	24	389	350
Second Age Group ..	147	191	299
Third Age Group ..	212	161	327
Total (prescribed groups) ..	383	741	976
Other Periodic Inspections	3	47	39
Grand Total	386	788	1015

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1953

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4.	Skin	22	18	221	—
5.	Eyes— <i>a.</i> Vision ..	386	34	150	1
	<i>b.</i> Squint ..	33	3	—	—
	<i>c.</i> Other ..	31	3	1	—
6.	Ears— <i>a.</i> Hearing ..	14	21	17	2
	<i>b.</i> Otitis Media	10	43	32	—
	<i>c.</i> Other ..	3	7	98	—
7.	Nose or Throat ..	158	266	112	4
8.	Speech	32	30	9	1
9.	Cervical Glands ..	2	187	—	1
10.	Heart and Circulation	1	92	3	3
11.	Lungs	29	131	5	—
12.	Developmental—				
	<i>a.</i> Hernia	6	7	2	—
	<i>b.</i> Other	22	70	2	1
13.	Orthopaedic—				
	<i>a.</i> Posture	157	92	21	1
	<i>b.</i> Flat foot ..	118	88	30	1
	<i>c.</i> Other	81	125	37	—
14.	Nervous system—				
	<i>a.</i> Epilepsy	1	17	—	—
	<i>b.</i> Other	1	5	—	—
15.	Psychological—				
	<i>a.</i> Development ..	3	24	6	1
	<i>b.</i> Stability	8	18	6	1
16.	Other	62	108	1994	5

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

							Number of cases treated	
							By the	
							Authority	otherwise
Received operative treatment								
(a)	for diseases of the ear	..	..	..	..			6
(b)	for adenoids and chronic tonsillitis	..	..	..	..			388
(c)	for other nose and throat conditions	..	..	..	..			74
Received other forms of treatment								321
TOTAL								789

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a)	Number treated as in-patients in hospitals	..					26	
							By the	
							Authority	otherwise
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	..	..	..	approx.			26

GROUP 5.—CHILD GUIDANCE TREATMENT

							Number of cases treated	
							In the Authority's	
							Child Guidance Clinics	else-where
Number of pupils treated at Child Guidance Clinics							..	217

GROUP 6.—SPEECH THERAPY

							Number of cases treated	
							By the	
							Authority	otherwise
Number of pupils treated by Speech Therapists							..	81

GROUP 7.—OTHER TREATMENT GIVEN

							Number of cases treated	
							By the	
							Authority	otherwise
(a)	Miscellaneous minor ailments	..	..	..	..		1,991	
(b)	Other than (a) above							
	Remedials—flat feet	..	..	..	..		483	
	Remedials—posture	..	..	..	..		375	

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers—							
	(a)	Periodic	..	..	..	..	..	3520
	(b)	Specials	..	..	..	..	..	752
	Total (1)		..	..	..	..	..	4272
(2)	Number found to require treatment		..	..	..	..	..	3521
(3)	Number referred for treatment..		..	..	..	..	..	2673
(4)	Number actually treated		..	..	..	..	..	2419
(5)	Attendances made by pupils for treatment		..	..	..	..	..	9241
(6)	Half-days devoted to: Inspection		..	..	..	..	..	25
	Treatment		..	..	..	..	..	1588
	Total (6) ..		..	..	..	..	..	1613

(7)	Fillings: Permanent Teeth	..	..	..	..	..	5326	
	Temporary Teeth	..	..	..	..	..	1851	
	Total (7) ..	..	..	..	..	..	—	7177
(8)	Number of teeth filled: Permanent Teeth	..	..	..	..	..	5086	
	Temporary Teeth	..	..	..	..	..	1783	
	Total (8) ..	..	..	..	..	..	—	6869
(9)	Extractions: Permanent Teeth	..	..	..	..	..	621	
	Temporary Teeth	..	..	..	..	..	2100	
	Total (9) ..	..	..	..	..	..	—	2721
(10)	Administration of general anaesthetics for extraction					..	89	
(11)	Other operations: Permanent Teeth	..	..	..	..	..	1478	
	Temporary Teeth	..	..	..	..	..	1536	
	Total (11) ..	..	..	..	..	..	—	3014

350/4/54—V.

